

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee
PO Box 25
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. Print: <u>Sarah Jane Voichick</u> Sign: <u>[Signature]</u>	Street: <u>3922 Plymouth Cir</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone (
2. Print: <u>Heather Hartwig Stokes</u> Sign: <u>[Signature]</u>	Street: <u>205 Bacon St.</u> City: <u>Waukegan</u> Zip: <u>53597</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Waukegan</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone (
3. Print: <u>Valerie Kimble</u> Sign: <u>[Signature]</u>	Street: <u>401 North Euclid Avenue Apt. 109</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone (
4. Print: <u>Eric Landsness</u> Sign: <u>[Signature]</u>	Street: <u>206 N Segoe Apt 8A</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone (
5. Print: <u>ELENA SHERMAN</u> Sign: <u>[Signature]</u>	Street: <u>4630 GREGG RD</u> City: <u>MADISON</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone (

Certification of Circulator

I, Linda Brazil (certify): I reside at 5805 Hammersley Rd city of Madison
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)
Linda Brazil
(Signature of Circulator)

Page No. (Official Use Only)
1851

Circulators.
Please include your contact information.

Phone
(608)
Email
lbrazil

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. <u>DAVID BRZDOWSKI</u>	<u>[Signature]</u>	Street: <u>4406 YUMA DR</u> City: <u>MADISON</u> Zip: <u>53744</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u>	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone
2. <u>JOHN ALEX WHITE</u>	<u>[Signature]</u>	Street: <u>709 ANTHONY LN</u> City: <u>MADISON</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u>	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone
3. <u>Rick Johnson</u>	<u>[Signature]</u>	Street: <u>10 Deschamps Ct</u> City: <u>Madison WI</u> Zip: <u>53718</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u>	<u>11/16/2011</u> (Month) (Day) (Year)	Email <u>rljohns</u> Phone
4. <u>Mary Ann Lynch</u>	<u>[Signature]</u>	Street: <u>4313 Tokay Blvd.</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u>	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone
5. <u>THOMAS CRANLEY</u>	<u>[Signature]</u>	Street: <u>4814 HOLIDAY DR</u> City: <u>MADISON</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u>	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone
6. <u>JESSICA NEUMANN</u>	<u>[Signature]</u>	Street: <u>4814 HOLIDAY DRIVE</u> City: <u>MADISON WI</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u>	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone
<u>KURT JACOBSEN</u>	<u>[Signature]</u>	Street: <u>906 Columbia Rd</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Shorewood Hills</u> <input type="checkbox"/> City	<u>11/14/2011</u> (Month) (Day) (Year)	Email Phone
8. <u>Barbara Pomarnek</u>	<u>[Signature]</u>	Street: <u>4620 Frey Street, #103</u> City: <u>Madison</u> Zip: <u>53705-2905</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u>	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone
9. <u>Helen H Baldwin</u>	<u>[Signature]</u>	Street: <u>3456 Pymonville Circle</u> City: <u>Madison</u> Zip: <u>53706</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u>	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone
10. <u>Chris W Kauten</u>	<u>[Signature]</u>	Street: <u>653 N Pleasant View Road #104</u> City: <u>Middleton</u> Zip: <u>53562</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Middleton</u> <u>LB</u> <u>city of madison</u>	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, Linda Brazil, (certify): I reside at 5805 Hammersley Rd. city of madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Linda Brazil
(Signature of Circulator)

Page No. (Official Use Only)
1852

Circulators, please
Phone
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SCOTT WALKER RECALL PETITION

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Nina Berkani	<i>Nina Berkani</i>	Street: 5113 Holiday Dr City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
2. LUBA KONOWALSKYJ	<i>Luba Konowalskyj</i>	Street: 621 GATELY TER City: MADISON Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
3. MARIE E. HURLEY	<i>Marie E. Hurley</i>	Street: 5162 Anton Dr. #307 City: Fitchburg Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/16/2011 (Month) (Day) (Year)
4. Theodore E. Haglund	<i>Theodore E. Haglund</i>	Street: 401 Eugenia Ave City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
5. Susan White	<i>Susan White</i>	Street: 709 Anthony Ln. City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
6. Jon Vander Hill	<i>Jon Vander Hill</i>	Street: 1 Robin Circle City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
7. Summer Matteson	<i>Summer Matteson</i>	Street: 3920 Finch Trail City: DeForest Zip: 53532	<input checked="" type="checkbox"/> Town LB <input type="checkbox"/> Village DeForest <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
8. RICHARD J. Mueller	<i>RJ Mueller</i>	Street: 2319 Hollister Ave City: MADISON Zip: 53726	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
9. Susanne Smebak	<i>Susanne Smebak</i>	Street: 7956 Albe Rd. #88. LB City: Cross Plains Zip: 53528	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Berry	11/16/2011 (Month) (Day) (Year)
10. Andrew Hanson III	<i>Andrew Hanson III</i>	Street: 2702 Milwaukee St. City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, Linda Brazil, (certify): I reside at 5805 Hammersley Rd. city of Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

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Linda Brazil
(Signature of Circulator)

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1. Molly Fellenz	<i>Molly Fellenz</i>	Street: 706 Anthony Ln. City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)	Email: m.fellenz Phone: ()
2. Jennifer Tishler	<i>Jennifer Tishler</i>	Street: 4318 Herrick La. City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)	Email: Phone: ()
3. Emmett J. Moran	<i>Emmett J. Moran</i>	Street: 4325 Wakefield St. City: MADISON, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)	Email: Phone: ()
4. David R. Booher	<i>David R. Booher</i>	Street: W5865 Hefly Rd. City: Monticello Zip: 53570	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Washington	11/16/2011 (Month) (Day) (Year)	Email: Phone: ()
5. RICHARD C. KELLER	<i>Richard C. Keller</i>	Street: 609 SPRAGUE ST. City: MADISON Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)	Email: Phone: ()
6. MICHAEL VOICHICK	<i>Michael Voichick</i>	Street: 3922 PLYMOUTH CIR City: MADISON WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)	Email: Phone: ()
7. KATHERINE EANNELLI	<i>Katherine Eannelli</i>	Street: 1113 1/2 SHERMAN AVE. APT #2 City: MADISON Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)	Email: KENNEL Phone: (608)
8. Jef Hinds	<i>Jef Hinds</i>	Street: 541 Woodside Terrace City: madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/16/2011 (Month) (Day) (Year)	Email: Phone: (608)
9. Tom Madmaga	<i>Tom Madmaga</i>	Street: 4132 Council Crest City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)	Email: Phone: ()
10. Gwyneth Fisher	<i>Gwyneth Fisher</i>	Street: 909 James Court City: Waunakee Zip: 53597	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Waunakee	11/16/2011 (Month) (Day) (Year)	Email: Phone: ()

Certification of Circulator

I, Linda Brazill, (certify): I reside at 5805 Hammersley Rd city of madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Linda Brazill
(Signature of Circulator)

Page No. (Official Use Only)
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Circulators, please

Phone:
Email: up

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. JASON TISHLER	<i>[Signature]</i>	Street: 637 SPRAGUE ST. City: MADISON Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
2. Arthur T. Chavez-Mueller	<i>[Signature]</i>	Street: 135 Eager Ct City: Madison Evansville Zip: 53536	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Evansville	11/16/2011 (Month) (Day) (Year)
3. GAIL BANOVEZ	<i>[Signature]</i>	Street: 1627 MCKENNA BLVD City: MADISON Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
4. PETER KLAUSLER	<i>[Signature]</i>	Street: 7734 BITTERSWEET CT City: MIDDLETON Zip: 53562	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City SPRINGFIELD	11/16/2011 (Month) (Day) (Year)
5. KERRY GOLDROSEN	<i>[Signature]</i>	Street: 7210 New Washburn Way City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
6. Anthony L. Brown II	<i>[Signature]</i>	Street: 6810 Harvest Hill Road City: Madison, WI Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
7. JERRY MERCIER	<i>[Signature]</i>	Street: 931 Harrington Dr #106 City: Madison WI Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
8. ROGER THOMAS	<i>[Signature]</i>	Street: 10096 SPRING VALLEY DR City: MT. HOREB Zip: 53572	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PERRY	11/16/2011 (Month) (Day) (Year)
9. Jerod Gibson	<i>[Signature]</i>	Street: 8140 Broadmoor St City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
10. Angela Gibson	<i>[Signature]</i>	Street: 8140 Broadmoor St City: Madison, WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, Susan Bickley, (certify): I reside at 6130 Old Middleton Rd City of MADISON
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator's Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Susan H. Bickley
(Signature of Circulator)

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NOT SUBMITTED

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1. Jean Lind	Jean Lind	Street: 5005 Tomahawk Trail City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. JEFF LANGE	Jeff Lange	Street: 5009 Tomahawk Trail City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. JOSE POLANSKI	J. Polonsky	Street: 5001 TOMAHAWK TR. City: MADISON Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
4. John Schultz	John C. Schultz	Street: 5006 Flambeau Road City: Madison Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
5. WINFIELD NASH	Winfield Nash	Street: 5014 FLAMBEAU RD City: MADISON Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
6. Dawn Cloutier	Dawn Cloutier	Street: 5014 Flambeau Rd City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison.	11/15/2011 (Month) (Day) (Year)
7. Sara Brenkman	Sara Brenkman	Street: 6748 Ramsey Rd City: Middleton WI Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/15/2011 (Month) (Day) (Year)
8. Kaianna Obee	Kaianna Obee	Street: 5002 Flambeau Rd. City: Madison, W Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Richard Conroy	R. Conroy	Street: 5017 Tomahawk Trail City: Madison WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Thomas Puch	Thomas Puch	Street: 5021 Tomahawk Trail City: Madison WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

I, Jean Lind, (certify): I reside at 5005 Tomahawk Trail Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

(Month) 11 / (Day) 16 / (Year) 2011

Jean Lind
(Signature of Circulator)

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1. Eileen Marsh	Eileen Marsh	Street: 5009 Tomahawk Tr City: MADISON WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
2. SHARON GLASER	Sharon Glaser	Street: 5129 Flambeau Rd City: Madison, WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
3. Richard J. Glaser	Richard J. Glaser	Street: 5129 Flambeau City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Lorita M. Spencer	Lorita M. Spencer	Street: 5121 Flambeau Road City: Madison, WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Robert B. Spencer	Robert B. Spencer	Street: 5121 FLAMBEAU ROAD City: MADISON WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
6. Janie Verocchi-Crump	Janie Verocchi-Crump	Street: 1118 Tomahawk Trail City: Madison, WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Pam Rathbun	Pam Rathbun	Street: 5121 Tomahawk Tr City: Madison WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Eugene A. Rice	Eugene A. Rice	Street: 5110 Tomahawk Trail City: Madison WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. NANETTE K. HARPER	Nanette K. Harper	Street: 5101 TOMAHAWK TRAIL City: MADISON, WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
10. Susan Schultz	Susan Schultz	Street: 5006 Flambeau Rd City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)

I, Jean Lind, (certify): I reside at 5005 Tomahawk Trail Madison
(Name of Circulator) (Circulator's Residence – Street name and Number) (Circulator Municipality)

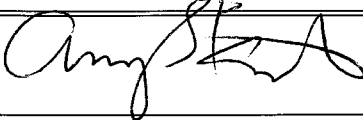



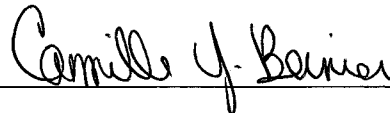


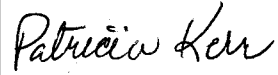

____/____/20____
(Month) (Day) (Year)

Jean Lira
(Signature of Circulator)

Page No. (Official Use Only)
1858

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Amy Kihast		Street: 5018 Tomahawk Trail City: Madison WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Darya Vassing		Street: 5105 Tomahawk Tr. City: Madison WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Keith Kleisch		Street: 5101 Tomahawk City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Jalmie Doering		Street: 5196 Sassafras Dr #311 City: Fitchburg WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/15/2011 (Month) (Day) (Year)
5. Camille Bernier		Street: 5138 Tomahawk Trail City: Madison WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. ROBERTA MEYER		Street: 5122 TOMAHAWK TR City: MADISON WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
7. Serafina Bathrick		Street: 1847 Pine Knob Rd City: Avoca, WI Zip: 53506	<input checked="" type="checkbox"/> Town Highland, WI <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
8. Patrick Kerr		Street: 1901 Carns Dr #106 City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. STAR S. OLDERMAN		Street: 716 DUNNING ST City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

I, Jean Ling, (certify): I reside at 5005 Tomahawk Trail City of Madison
(Name of Circulator) (Circulator's Residence – Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

____/____/____
(Month) (Day) (Year)

Jean Lind
(Signature of Circulator)

Page No. (Official Use Only)
1859



SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Will Godding	<i>Will Godding</i>	Street: 2207 Eulalia St City: CROSS PLAINS Zip: 53528	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village CROSS PLAINS <input type="checkbox"/> City RCV	11/15/2011 (Month) (Day) (Year)
2. CAROL Schulenburg	<i>Carol Schulenburg</i>	Street: 2203 Church St City: Cross plains wi Zip: 53528	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village CROSS PLAINS <input type="checkbox"/> City RCV	11/15/2011 (Month) (Day) (Year)
3. Amy Gudgeon	<i>Amy M Gudgeon</i>	Street: 2305 Church St City: Cross Plains Zip: WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village CROSS PLAINS <input type="checkbox"/> City RCV	11/15/2011 (Month) (Day) (Year)
4. DANIEL CONROY	<i>Daniel Conroy</i>	Street: 2305 Church St WI City: Cross Plains Zip: 53528	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village CROSS PLAINS <input type="checkbox"/> City RCV	11/15/2011 (Month) (Day) (Year)
5. CHARLOTTE M Gudgeon	<i>Charlotte M Gudgeon</i>	Street: 2305 Church St City: Cross Plains WI Zip: 53528	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village CROSS PLAINS <input type="checkbox"/> City RCV	11/15/2011 (Month) (Day) (Year)
6. JAMES ERSIG	<i>James Ersig</i>	Street: 2219 Church St. City: CROSS PLAINS Zip: 53528	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village CROSS PLAINS <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
7. SUSAN ERSIG	<i>Susan Ersig</i>	Street: 2219 Church St City: CROSS PLAINS Zip: 53528	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village CROSS PLAINS <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
8. Allan Higgins	<i>Allan Higgins</i>	Street: 52311 Church St City: Cross Plains Zip: 53528	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Cross Plains <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
9. Mary Jo Steeber Higgins	<i>Mary Jo Steeber Higgins</i>	Street: 2311 Church St City: Cross Plains Zip: 53528	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Cross Plains <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
10. Susan Wantgou	<i>Susan Wantgou</i>	Street: 2407 Church St City: Cross Plains WI Zip: 53528	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village CROSS PLAINS <input type="checkbox"/> City RCV	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, ROBERT VIRNIG, (certify): I reside at 2301 EULALIA ST CROSS PLAINS WI, 53528
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/1/16 12011
(Month) (Day) (Year)

Robert C Virnig
(Signature of Circulator)

Page No. (Official Use Only)

1860



SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Sean Hilgers	Jan Hilgers	Street: 2411 Church St. City: Cross Plains Zip: 53528	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village CROSS PLAINS <input type="checkbox"/> City	11 / 15 / 2011 (Month) (Day) (Year)
2. PAUL HILGERS	Paul Hilgers	Street: 2411 Church St City: CROSS PLAINS Zip: 53528	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village CROSS PLAINS <input type="checkbox"/> City	11 / 15 / 2011 (Month) (Day) (Year)
3. Allison Schulberg	Allison Schulberg	Street: 2519 Brewery Rd City: Cross Plains Zip: 53528	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village CROSS PLAINS <input type="checkbox"/> City	11 / 15 / 2011 (Month) (Day) (Year)
4. ELIZABETH CAMPBELL	Elizabeth Campbell	Street: 2531 BREWERY RD City: CROSS PLAINS Zip: WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village CROSS PLAINS <input type="checkbox"/> City	11 / 15 / 2011 (Month) (Day) (Year)
5. Deborah Pulvermacher	Deborah Pulvermacher	Street: 2532 Brewery Rd City: Cross Plains Zip: 53528	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village CROSS PLAINS <input type="checkbox"/> City	11 / 15 / 2011 (Month) (Day) (Year)
6. Barbara Johnson	Barbara Johnson	Street: 36134 Park St City: Whitehall WI Zip: 54778	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Whitehall	11 / 15 / 2011 (Month) (Day) (Year)
7. GERALD T BOEHNEN	Gerald T Boehen	Street: 2208 Eulalia St City: Cross Plains Zip: 53528	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village CROSS PLAINS <input type="checkbox"/> City RCV	11 / 16 / 2011 (Month) (Day) (Year)
8. Doris Boehnen	Doris Boehnen	Street: 2208 Eulalia St City: Cross Plains WI Zip: 53528	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village CROSS PLAINS <input type="checkbox"/> City RCV	11 / 16 / 2011 (Month) (Day) (Year)
9. Doris Maier	Doris Maier	Street: 2403 Church St City: Cross Plains WI Zip: 53528	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village CROSS PLAINS <input type="checkbox"/> City RCV	11 / 16 / 2011 (Month) (Day) (Year)
10. RAY MAIER	Ray Maier	Street: Cross Plains WI 53528 City: 2403 Church St Zip: 53528	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village CROSS PLAINS <input type="checkbox"/> City RCV	11 / 16 / 2011 (Month) (Day) (Year)

Certification of Circulator

I, ROBERT VIRMIC, (certify): I reside at 2301 EULALIA ST CROSS PLAINS WI 53528
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 1 / 16 120 11
(Month) (Day) (Year)

Robert C. Virmic
(Signature of Circulator)

Page No. (Official Use Only)
1861

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. ROBERT C VIRNIG	<i>Robert C Virnig</i>	Street: 2301 EULALIA ST City: CROSS PLAINS Zip: 53528	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village CROSS PLAINS <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
2. Joseph P Virnig	<i>Joseph P Virnig</i>	Street: 2204 Grand St City: Cross Plains Zip: 53528	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Cross Plains <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
3. NATHALIE BERGUM	<i>Nathalie Bergum</i>	Street: 2207 Grand St. City: Cross Plains, WI Zip: 53528	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village CROSS PLAINS <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
4. Harold Bergum	<i>Harold Bergum</i>	Street: 2207 Grand St City: Cross Plains Zip: 53528	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village cross Plains <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
5. Ardis C. Virnig	<i>Ardis C. Virnig</i>	Street: 2301 Eulalia St. City: Cross Plains Zip: 53528	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Cross Plains <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
6. RON BRUNNER	<i>Ronald Brunner</i>	Street: 2311 Eulalia St City: Cross Plains Zip: 53528	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Cross Plains <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
7. Deborah Schultz	<i>Deborah Schultz</i>	Street: 2400 Eulalia St City: Cross Plains WI Zip: 53528	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Cross Plains <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
8. Gordon Schultz	<i>Gordon Schultz</i>	Street: 2400 Eulalia Street City: Cross Plains WI Zip: 53528	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Cross Plains <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
9. Tina Meier	<i>Tina Meier</i>	Street: 2209 Eulalia St. City: Cross Plains Zip: WI 53528	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Cross Plains <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
10. BRIAN P. MEIER	<i>Brian P. Meier</i>	Street: 2209 EULALIA ST. City: CROSS PLAINS, Zip: 53528	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village CROSS PLAINS. <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, ROBERT VIRNIG, (certify): I reside at 2301 EULALIA ST CROSS PLAINS WI 53528
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Robert C Virnig
(Signature of Circulator)

Page No. (Official Use Only)
1862



SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to
PO Box 2569
Madison, WI 5

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. <u>MICHAEL J. COLLINS</u> Print: <u>WJ. Coll</u> Sign: <u>[Signature]</u>	Street: <u>7700 BITTERSWEET CT</u> City: <u>MIDDLETON</u> Zip: <u>53562</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SPRINGFIELD</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: <u>mjk</u> Phone: <u>(608) 2</u>
2. <u>Joanne Bunge</u> Print: <u>Joanne Bunge</u> Sign: <u>[Signature]</u>	Street: <u>509 Orchard Dr</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: Phone: <u>()</u>
3. <u>Robert M. Parmans</u> Print: <u>Robert M. Parmans</u> Sign: <u>[Signature]</u>	Street: <u>5114 Locust Ter</u> City: <u>Madison, WI</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: Phone: <u>()</u>
4. <u>Robert Widholm</u> Print: <u>Robert J. Widholm</u> Sign: <u>[Signature]</u>	Street: <u>2601 N. SHEARMAN AVE</u> City: <u>MADISON</u> Zip: <u>53707</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: Phone: <u>(608) 5</u>
5. <u>Valerie Kellogg</u> Print: <u>Valerie Kellogg</u> Sign: <u>[Signature]</u>	Street: <u>1119 Sherman Ave #2</u> City: <u>Madison, WI</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: <u>valenn</u> Phone: <u>()</u>

Certification of Circulator

I, Alan V. Bickley, (certify): I reside at 6130 Old Middleton Rd City of MADISON
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Alan V. Bickley
(Signature of Circulator)

Page No. (Official Use Only)
1863

Circulators,
Please include your contact

Phone
()
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Devon Agaba</u> Sign: <u>Devon Agaba</u>	Street: <u>17 Julia Circle</u> City: <u>Madison, WI</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>devon</u> Phone <u>(608) 3</u>
2. Print: <u>Christina Sutherland</u> Sign: <u>Christina Sutherland</u>	Street: <u>734 Saukridge Trail Apt A</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>christina</u> Phone <u>(608) 8</u>
3. Print: <u>Rachel Herbsman</u> Sign: <u>Rachel</u>	Street: <u>1727 Summit Ave</u> <u>Madison</u> <u>AVB</u> City: <u>Madison</u> Zip: <u>53726</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>rachelh</u> Phone <u>(608) 8</u>
4. Print: <u>Rachel Abbott</u> Sign: <u>Rachel C Abbott</u>	Street: <u>2120 Jefferson St</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(608) 2</u>
5. Print: <u>Bernard A. Kemper</u> Sign: <u>Bea AKS</u>	Street: <u>3312 Monroe St</u> City: <u>Madison WI</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email <u>avb</u> <u>avb@ro</u> Phone <u>()</u>

Certification of Circulator

I, Alan V Bickley, (certify): I reside at 6130 Old Middleton Rd City of Madison
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

21877
Circulators.
Please include your contact

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Alan V. Bickley
(Signature of Circulator)

Page No. (Official Use Only)
1864

Phone
(608) 2
Email
avb
blanca

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return to:
Committee
PO Box 2
Madison

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CC
1. Print: <u>Mary Burmeister</u> Sign: <u>Mary Burmeister</u>	Street: <u>8530 Greenway Bend</u> #103 City: <u>Madison, WI</u> Zip: <u>53562</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email () Phone ()
2. Print: <u>GRETCHEN HARRELL</u> Sign: <u>Gretchen Harrell</u>	Street: <u>834 HIAWATHA DR</u> City: <u>MADISON</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email <u>608</u> Phone ()
3. Print: <u>Linda Plourde</u> Sign: <u>Linda Plourde</u>	Street: <u>130 Quarterdeck Dr</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email <u>608</u> Phone ()
4. Print: <u>Rose Powers</u> Sign: <u>Rose Powers</u>	Street: <u>2122 Hwy 92</u> City: <u>Mt. Horeb</u> Zip: <u>53572</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Springdale</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email () Phone (608)
5. Print: <u>Maureen Beilke</u> Sign: <u>Maureen Beilke</u>	Street: <u>102 Vista Rd</u> City: <u>Madison</u> Zip: <u>53726</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/14/2011</u> (Month) (Day) (Year)	Email () Phone (608)

I, Keesia Hyzer (Printed Name of Circulator), certify: I reside at 4125 Mandan Crescent (Circulator's Residence - Street Name and Number) MADISON (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)
Keesia Hyzer
(Signature of Circulator)

Page No. (Official Use Only)
1865

Circulators.
Please include your

Phone
608
Email
Khyz

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

Return to:
Committee
PO Box 1
Madison

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: Ruth L. Fochios Sign: Ruth L. Fochios	Street: 5891 Schumann Dr City: Fitchburg Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City K/H Fitchburg (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email: Leil Phone: (608)
2. Print: SUSAN CLARE SCHULZ Sign: S Schulz	Street: 360 W. Washington Ave #702 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City K/H Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email: SCS Phone: (608)
3. Print: Livia Asher Sign: Livia Asher	Street: 309 W. Washington Ave #709 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City K/H Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email: () Phone: ()
4. Print: Nancy Jesse Sign: Nancy Jesse	Street: 109 N. PROSPECT Ave City: MADISON Zip: 53726	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City K/H Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email: h a r Phone: (608)
5. Print: Dhondup Dolkur Sign: Dhondup Dolkur	Street: 1006 Sae Pl 53705 City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City K/H Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email: () Phone: ()

I, Keesia Hyzer (certify): I reside at 4125 Marden Crescent CITY of MADISON
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)
Keesia Hyzer
(Signature of Circulator)

Page No. (Official Use Only)
1866

Circulators.
Please include your
Phone: (608)
Email: Khyz

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: <u>Keesia Hyzer</u> Sign: <u>Keesia Hyzer</u>	Street: <u>4125 Mandan Crescent</u> City: <u>MADISON</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>Khyzer</u> Phone <u>(608)</u>
2. Print: <u>THOMAS HYZER</u> Sign: <u>Thomas Hyzer</u>	Street: <u>4125 MANDAN CRESCENT</u> City: <u>MADISON</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>T. Hyzer</u> Phone <u>(608)</u>
3. Print: <u>PATRICIA LUCEY</u> Sign: <u>Patricia Lucey</u>	Street: <u>4138 MANDAN CRESCENT</u> City: <u>MADISON</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>PLUC</u> Phone <u>(608)</u>
4. Print: <u>REX OWENS</u> Sign: <u>Rex Owens</u>	Street: <u>1834 State Rd 19</u> City: <u>Marshall</u> Zip: <u>WI 53559</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Sun Prairie</u> (Municipality Name)	<u>KA 11/15/2011</u> (Month) (Day) (Year)	Email <u>REX</u> Phone <u>()</u>
5. Print: <u>MARSHALL COOK</u> Sign: <u>Marshall Cook</u>	Street: <u>4337 Felton Place</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>KA 11/15/2011</u> (Month) (Day) (Year)	Email <u>MCC</u> Phone <u>()</u>

I, Keesia Hyzer (Printed Name of Circulator) (certify): I reside at 4125 Mandan Crescent (Circulator's Residence - Street Name and Number) City of MADISON (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 (Month) 16 (Day) 2011 (Year)

Keesia Hyzer (Signature of Circulator)

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1867

Return to
Committee
PO Box 2
Madison

Circulators

Please include your

Phone

(608)

Email

Khyzer

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return to
Committee
PO Box 2
Madison

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>NANCY G MOORE</u> Sign: <u>Nancy G. Moore</u>	Street: <u>6225 MINERAL POINT RD #182</u> City: <u>MADISON</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>N/M</u> Phone: <u>(608)</u>
2. Print: <u>Gene L. Dewey</u> Sign: <u>Gene L. Dewey</u>	Street: <u>2125 Fox Ave</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>gld</u> Phone: <u>(608)</u>
3. Print: <u>Beatrice F. Dewey</u> Sign: <u>Beatrice F. Dewey</u>	Street: <u>2125 Fox Ave</u> City: <u>Madison WI</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>gld</u> Phone: <u>(608)</u>
4. Print: <u>PATRICIA A YOUNG</u> Sign: <u>Patricia A Young</u>	Street: <u>1334 Judd Ave Road</u> City: <u>OREGON</u> Zip: <u>WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>OREGON Twp</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>hpy</u> Phone: <u>(608)</u>
5. Print: <u>Claire M. Rider</u> Sign: <u>Claire M. Rider</u>	Street: <u>839 Pebble Beach Dr</u> City: <u>Madison</u> Zip: <u>53717</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>CRM</u> Phone: <u>(608)</u>

I, Diane Adams (certify): I reside at 5706 Anchorage Ave. City of Madison
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 12011
(Month) (Day) (Year)

Diane Adams
(Signature of Circulator)


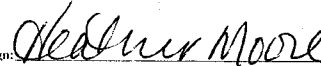
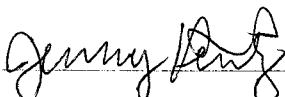
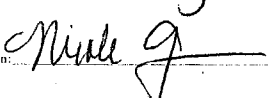

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1868

Circulators.
Please include your
Phone
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Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: JONATHAN SUTTON Sign: 	Street: 4109 LIAWANLA DR City: MADISON Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON (Municipality Name)	11/16/2011 (Month) (Day) (Year)	Email Phone ()
2. Print: Heather Moore Sign: 	Street: 817 Carina Ln. City: Madison Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON (Municipality Name)	11/16/2011 (Month) (Day) (Year)	Email Phone ()
3. Print: Jennifer Heritz Sign: 	Street: 2581 Oak View Ct. City: Fitchburg Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg (Municipality Name)	11/16/2011 (Month) (Day) (Year)	Email Phone ()
4. Print: Nicole Grambo Sign: 	Street: 525 State St #5 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/16/2011 (Month) (Day) (Year)	Email Phone ()
5. Print: DAVID MOORE Sign: 	Street: 817 CARWALN City: MADISON Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON (Municipality Name)	11/16/2011 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Tony Abfalter, (certify) I reside at 337 Island Dr. Apt. 6
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

City of Madison
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Signature of Circulator)

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Madison

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: <u>Tony Abfalter</u> Sign: <u>[Signature]</u>	Street: <u>337 Island Dr. Apt. 6</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone ()
2. Print: <u>Kathleen Dunn</u> Sign: <u>[Signature]</u>	Street: <u>1133 N. High Point Rd</u> City: <u>Madison</u> Zip: <u>53717</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone ()
3. Print: <u>Patrick J. Gallagher</u> Sign: <u>[Signature]</u>	Street: <u>3119 Wacoua Lane</u> City: <u>Middleton, WI</u> Zip: <u>53562</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Middleton</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone ()
4. Print: <u>Michael S Reynolds</u> Sign: <u>[Signature]</u>	Street: <u>2058 Helena St</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone ()
5. Print: <u>Melissa A. Kruser</u> Sign: <u>[Signature]</u>	Street: <u>1441 E. Johnson St. Apt. C</u> City: <u>Madison</u> Zip: <u>WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Tony Abfalter, (certify): I reside at 337 Island Dr. Apt. 6
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

City of Madison
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

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Return to

Committee
PO Box
Madison

Circulators
Please include your

Phone

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee
PO Box 25
Madison, WI

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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. Print: <u>Jim Hansen</u> Sign: <u>Jim Hansen</u>	Street: <u>154 Dunning St</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>hansen</u> Phone <u>(608)</u>
2. Print: <u>Mark Sadowski</u> Sign: <u>Mark Sadowski</u>	Street: <u>2557 Upham St</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (
3. Print: <u>Toni Baker</u> Sign: <u>Toni Baker</u>	Street: <u>2272 Winnebago St #1</u> City: <u>Madison</u> Zip: <u>53704 WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>toni</u> Phone <u>(608)</u>
4. Print: <u>UPHAM BEARY</u> Sign: <u>Upham Beary</u>	Street: <u>15. S. Broom St.</u> City: <u>MADISON</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (
5. Print: <u>Robert Hamilton</u> Sign: <u>Robert Hamilton</u>	Street: <u>105 Beckley RD</u> City: <u>VERONA</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>VERONA</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (

Certification of Circulator

I, Mark Sadowski, (certify): I reside at 2557 Upham St Madison
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Mark Sadowski
(Signature of Circulator)

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1871

Circulators,
Please include your
Phone
(608)
Email
ms4den

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by

Committee
PO Box 25
Madison, WI

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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Josh Holden</u> Sign: <u>[Signature]</u>	Street: <u>1114 Pine</u> City: <u>Sun Prairie</u> Zip: <u>53590</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Sun Prairie</u> (Municipality Name)	<u>11/14/2011</u> (Month) (Day) (Year)	Email Phone ()
2. Print: <u>Colin McMullen</u> Sign: <u>Col. McMull</u>	Street: <u>1717 Lake Point Dr</u> City: <u>Madison</u> Zip: <u>53713</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Monona</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone ()
3. Print: <u>Leif Posey</u> Sign: <u>[Signature]</u>	Street: <u>139 W. Wilson St</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/14/2011</u> (Month) (Day) (Year)	Email Phone ()
4. Print: <u>Travis Trietin</u> Sign: <u>[Signature]</u>	Street: <u>1918 Anhalt Dr.</u> City: <u>MADISON</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone ()
5. Print: <u>Kurt Anderson</u> Sign: <u>[Signature]</u>	Street: <u>1605 Trailsway, #2</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Mark Sadowski, (certify): I reside at 2557 Upham St
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Madison
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 1 / 16 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
1010182

Circulators,
Please include your c

Phone
(608)
Email
ms4d@

B

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee
PO Box 25
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or care no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. <u>Jordan Lottes</u> Print: <u>Jordan Lottes</u> Sign: <u>[Signature]</u>	Street: <u>1508 Roby Rd</u> City: <u>Stoughton</u> Zip: <u>53587</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Stoughton</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (
2. <u>Allen Dolphin</u> Print: <u>Allen Dolphin</u> Sign: <u>[Signature]</u>	Street: <u>W10623 Gallagher Rd</u> City: <u>Lodi</u> Zip: <u>53555</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Lodi</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (
3. <u>Jared Wagner</u> Print: <u>Jared Wagner</u> Sign: <u>[Signature]</u>	Street: <u>6675 Messert Rd</u> City: <u>Wanna Ke</u> Zip: <u>53597</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Wanna Ke</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone (
4. <u>Robert Hayes</u> Print: <u>Robert Hayes</u> Sign: <u>[Signature]</u>	Street: <u>431 W. Gorham Apt. 902</u> City: <u>Madison</u> Zip: <u>WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone (
5. <u>Samuel J. Haver</u> Print: <u>Samuel J. Haver</u> Sign: <u>[Signature]</u>	Street: <u>6224 Middleton Springs Dr.</u> City: <u>Middleton, WI</u> Zip: <u>53562</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Middleton</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone (

Certification of Circulator

I, Mark Sedowski, (certify: I reside at 2557 Upham St Madison
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(b), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Mark Sedowski
(Signature of Circulator)

Page No. (Official Use Only)
10001873

Circulators,
Please include your
Phone
(608)
Email
ms4den

B2

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. <u>TRAVIS CAUNWRIGHT</u> Print: <u>Travis Caunwright</u> Sign: <u>[Signature]</u>	Street: <u>2012 UNION ST.</u> City: <u>MADISON</u> Zip: <u>53714</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>travis</u> Phone: <u>()</u>
2. <u>JACOB THOMAS</u> Print: <u>Jacob Thomas</u> Sign: <u>[Signature]</u>	Street: <u>402 W. DAYTON ST</u> City: <u>MADISON</u> Zip: <u>53073</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>jake</u> Phone: <u>()</u>
3. <u>Andy Jarvis</u> Print: <u>Andy Jarvis</u> Sign: <u>[Signature]</u>	Street: <u>306 Kent Lane #204</u> City: <u>Madison</u> Zip: <u>53713</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>-</u> Phone: <u>()</u>
4. <u>Brent Roeder</u> Print: <u>Brent Roeder</u> Sign: <u>[Signature]</u>	Street: <u>306 Kent Lane</u> City: <u>Madison</u> Zip: <u>53713</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>()</u> Phone: <u>()</u>
5. <u>Stephanie Stringer</u> Print: <u>Stephanie Stringer</u> Sign: <u>[Signature]</u>	Street: <u>1955 E. Main St.</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>()</u> Phone: <u>()</u>

Certification of Circulator

I, Mark Sadowski, (certify): I reside at 2557 Upham St Madison
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011 Mark Sadowski
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)
00001814

Return by
Committee
PO Box 25
Madison, WI

Circulators,
Please include your
Phone
(608)
Email
ms4d

B2

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee
PO Box 25
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CON
1. <u>Budolph B. Rodriguez</u> Print: Sign: <u>[Signature]</u>	Street: <u>10912 N. Conlyline Rd.</u> City: <u>White water</u> Zip: <u>53190</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>White water</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (262)
2. <u>Jacob Fischer</u> Print: Sign: <u>[Signature]</u>	Street: <u>2917 Curry #10</u> City: <u>Madison WI</u> Zip: <u>53713</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (608)
3. <u>Hal Martin</u> Print: Sign: <u>[Signature]</u>	Street: <u>2917 Curry #10</u> City: <u>Madison WI</u> Zip: <u>53713</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (608)
4. <u>Carl Brickbauer</u> Print: Sign: <u>[Signature]</u>	Street: <u>20 N Franklin St</u> City: <u>Madison</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (608)
5. _____ Print: Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

Mark Sadowski (Printed Name of Circulator) (certify): I reside at 2557 Upham St (Circulator's Residence - Street Name and Number) Madison (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the office holder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011 (Month) (Day) (Year)
Mark Sadowski (Signature of Circulator)

Page No. (Official Use Only)
1875

Circulators,
Please include your contact information

Phone
(608)
Email
ms4dec

B20

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Frederick Fischer</u> Sign: <u>Frederick Fischer</u>	Street: <u>313 Higgins Rd</u> City: <u>Evansville</u> Zip: <u>53536</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Evansville</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>mu...</u> Phone: <u>(608)</u>
2. Print: <u>Juliet Johnson</u> Sign: <u>Juliet Johnson</u>	Street: <u>4 N. Hancock St.</u> City: <u>Madison WI</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>estr...</u> Phone: <u>(608)</u>
3. Print: <u>Sergio Garcia</u> Sign: <u>Sergio Garcia</u>	Street: <u>1014 Drake St</u> City: <u>Madison WI</u> Zip: <u>53715</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>Sergio</u> Phone: <u>(415)</u>
4. Print: <u>Jose M. Medina</u> Sign: <u>Jose M. Medina</u>	Street: <u>6520 Hubbard Dr</u> City: <u>Middleton</u> Zip: <u>53562</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Middleton</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>Beth</u> Phone: <u>(608)</u>
5. Print: <u>ROBERT JACKSON</u> Sign: <u>Robert Jackson</u>	Street: <u>252 Bunting Ln</u> City: <u>MADISON</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>TREBB</u> Phone: <u>@ YA</u> <u>(608)</u>

Certification of Circulator

I, Mark Sadowski, (certify): I reside at 2557 Upham St
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Madison
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 1 / 16 20 11
(Month) (Day) (Year)

Mark Sadowski
(Signature of Circulator)

Page No. (Official Use Only)
1876

Return by
Committee
PO Box 250
Madison, WI

Circulators,
Please include your contact information
Phone: (608)
Email: ms4d

B2

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. DALE WEIDEMANN		Street: 3021 WANDOWA WAY City: MADISON WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
2. CARYL FARKAS		Street: 333 N. BALDWIN ST City: MADISON WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
3. JOSEPH FARKAS		Street: 333 N BALDWIN ST City: MADISON WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
4. Thomas F. McEvilly		Street: N4361 City Rd V City: POYNETTE WI Zip: 53155	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City POYNETTE	11/15/2011 (Month) (Day) (Year)
5. E J McGehee		Street: 4929 W HITTOMBS City: MADISON WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
6. Christine Frank		Street: 7123 Euclid Ave City: MADISON WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
7. Frederick E Mueller		Street: 2043 Dodge St City: Madison WI Zip: 53713	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
8. Emily Cherry		Street: 1320 E DUNSTON ST. Apt 104 City: MADISON WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
9. Sara LaFontaine		Street: 4934 Goldfinch Dr City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
10. KURTIS D. WELTON		Street: 1836 KEYES AVE City: MADISON WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, Margaret J. Arnold, (certify): I reside at 2201 Commonwealth Ave. Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 1 / 16 2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Patricia Madden-Ripp	<i>Patricia Madden-Ripp</i>	Street: W4324 Bradley Rd City: RIO Zip: 53960	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hamptden Columbia Co.	11/16/2011 (Month) (Day) (Year)
2. Steve Roembke	<i>Steve Roembke</i>	Street: 1426 Williamson St City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
3. Molly Simis	<i>Molly Simis</i>	Street: 1395 Hancock St. City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
4. David Brenneis	<i>David Brenneis</i>	Street: 821 Ottawa Trail City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
5. Klaus Lovendahl	<i>Klaus Lovendahl</i>	Street: 12 S Allen St City: Madison Zip: 53726	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
6. William Saffrich	<i>William Saffrich</i>	Street: 1225 Chandler St. City: Madison, WI Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
7. RAYMOND J. ANDERSON	<i>Raymond J. Anderson</i>	Street: 1117 SUNDT LANE City: STOUGHTON Zip: 53589	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City STOUGHTON	11/16/2011 (Month) (Day) (Year)
8. Chris Foust	<i>Chris Foust</i>	Street: 2105 Madison St City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
9. Martha Starzewski	<i>Martha Starzewski</i>	Street: 2238 Monroe St City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
10. Judith Kay Badden	<i>Judith Kay Badden</i>	Street: 102 Heruak Cir City: Monona WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Monona	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, Margaret J. Arnold, (certify): I reside at 2201 Commonwealth Ave Madison, WI
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Margaret J. Arnold
(Signature of Circulator)

Page No. (Official Use Only)

1878



SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Wanda Verdon	<i>Wanda Verdon</i>	Street: 1902 Northwestern Av City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
2. Julie Graziano	<i>Julie Graziano</i>	Street: 4045 Cherokee Dr City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
3. MARIANNE BERTRAM	<i>Marianne Bertram</i>	Street: 1700 WALCROFT WAY City: MADISON Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
4. JESSICA COLLOXA	<i>Jessica Colloxa</i>	Street: 3146 Allen Blvd #4 City: Middleton Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/16/2011 (Month) (Day) (Year)
5. Margaret Nowicki	<i>Margaret Nowicki</i>	Street: 214 S. Orchard St City: Madison WI Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
6. ANDERS ZANICKOWSKY	<i>Anders Zanickowsky</i>	Street: 221 N FEW #2 City: MADISON WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
7. ALLEN C. BODDEN	<i>Allen C. Bodden</i>	Street: 102 TENAHL Cln City: MONONA Zip: 53761	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Monona	11/16/2011 (Month) (Day) (Year)
8. Britt Any Renault	<i>Britt Any Renault</i>	Street: 8001 Ritz Dr #313 City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
9. Stephanie Bianco	<i>Stephanie Bianco</i>	Street: 111 W. Gilman St, Apt 1 City: madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
10. KIMSO ENNSM	<i>Kimso Enns</i>	Street: 6 Calumet Cir City: madison WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, Margaret J. Arnold, (certify): I reside at 2201 Commonwealth Ave Madison, WI
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Margaret J. Arnold
(Signature of Circulator)

Page No. (Official Use Only)

1879

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Circulator

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Rosemary Bloedorn	<i>[Signature]</i>	Street: 3001- Wauwona Way City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
2. Juanita Vitceorda	<i>[Signature]</i>	Street: 2033 S. Terrace St City: Janesville WI Zip: 53546	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Janesville	11/16/2011 (Month) (Day) (Year)
3. Natalie Indgjer	<i>[Signature]</i>	Street: 1021 Bedford Dr. City: Janesville WI Zip: 53546	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Janesville	11/16/2011 (Month) (Day) (Year)
4. Heilis Skarfe	<i>[Signature]</i>	Street: 2218 West Lawn Ave City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
5. Bretton Butzman	<i>[Signature]</i>	Street: 4502 Hammersley Rd. City: Madison, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
6. Jon Otterson	<i>[Signature]</i>	Street: 4914 Academy Dr. City: Madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
7. Sam Hanson	<i>[Signature]</i>	Street: 17 Harbor Dr. City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Maple Bluff	11/16/2011 (Month) (Day) (Year)
8. Amy Meyer	<i>[Signature]</i>	Street: 135 Glenway St City: Madison WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
9. Thy Tran	<i>[Signature]</i>	Street: 3526 Lucia Crest City: Madison WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
10. GAIL KOTL	<i>[Signature]</i>	Street: 3100 Lake Mendota City: Madison WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, Margaret J. Arnold, (certify): I reside at 2201 Commonwealth Ave. Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Margaret J. Arnold
(Signature of Circulator)

Page No. (Official Use Only)
1880



SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Zachariah Reynolds	<i>[Signature]</i>	Street: 7414 Century Place City: Middleton Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/15/2011 (Month) (Day) (Year)
2. Amy Hendrickson	<i>[Signature]</i>	Street: 2826 Cimarron Tr Unit 15 City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 (Month) (Day) (Year)
3. KAREN FOSTER	<i>[Signature]</i>	Street: 2824 CIMARRON TR City: MADISON WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
4. Amanda Espinosa	<i>[Signature]</i>	Street: 2818 Cimarron Trail City: Madison, WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Giancarlo Espinosa	<i>[Signature]</i>	Street: 2818 Cimarron Tr. City: Madison, WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Nathan Mairs	<i>[Signature]</i>	Street: 2810 Cimarron Tr City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Alison Blakely	<i>[Signature]</i>	Street: 2810 Cimarron Tr City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Brigid Stark	<i>[Signature]</i>	Street: 3129 Keith bridge Cir City: Mt. Horeb Zip: 53572	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Springdale	11/15/2011 (Month) (Day) (Year)
9. ARLENE MOBERG	<i>[Signature]</i>	Street: 2823 Cimarron Tr City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Keith Daryl	<i>[Signature]</i>	Street: 3129 Keith bridge Cir City: Mt. Horeb WI Zip: 53572	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Springdale	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Beverly J Martin, (certify): I reside at 18 mesa Ct #1 City of Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
1881

1884
Circulator
Phone
Email

SCOTT WALKER RECALL PETITION

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Susan J. Ragotzkie	<i>Susan Ragotzkie</i>	Street: 2894 Cimarron Trail City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Angela Troia	<i>Angela Troia</i>	Street: 2890 Cimarron Trail City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. LORE KALTENBERG	<i>Lore Kaltenberg</i>	Street: 2886 Cimarron Trail City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Dan Rish...	<i>Dan Rish...</i>	Street: 2870 Cimarron Tr. City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Sara Vilavong	<i>Sara Vilavong</i>	Street: 2864 Cimarron Tr. City: Madison, WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Jerry Vilavong	<i>Jerry Vilavong</i>	Street: 2864 Cimarron Tr. City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Claudia Lora Costes	<i>Claudia C. Lora</i>	Street: 2856 Cimarron Tr. City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Pedro Loris Pérez	<i>Pedro Loris Pérez</i>	Street: 2856 Cimarron Tr. City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Jennifer Stanton	<i>Jennifer Stanton</i>	Street: 2854 Cimarron A4 City: Madison, WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Kathy Macaulay	<i>Kathy Macaulay</i>	Street: 2842 Cimarron Tr #1 City: Madison, WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Beverly J. Martin, (Name of Circulator), (certify): I reside at 18 mesa Ct #1, (Circulator's Residence - Street name and Number) City of Madison, (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Beverly Martin
(Signature of Circulator)

Page No. (Official Use Only)
1882



SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Nancy Schoenherr		Street: 2825 Cimarron Trl City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. DARRIN BOUEN		Street: 2831 CIMARRON TRAIL City: MADISON Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
3. Heather Garland		Street: 2843 Cimarron Trl City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 (Month) (Day) (Year)
4. Antione Rhames		Street: 2838 Cimarron Trail 53719 City: madison Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/5/2011 (Month) (Day) (Year)
5. Claudia Akyeampong		Street: 2849 Cimarron Trl Apt 2 City: Madison Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. COMFORT AKYEAMPOG		Street: 2849 Cimarron Trl Apt 2 City: madison Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Nathan Sauer		Street: 2855 Cimarron Tr #2 City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Alex Jimenez		Street: 2859 Cimarron Trl # City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Esmeralda Rodriguez		Street: 2859 Cimarron dr. City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Noel Quintana		Street: 4 Corona Ct City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Beverly S Martin, (certify): I reside at 18 Mesa Ct #1 Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
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Beverly Martin
(Signature of Circulator)

Page No. (Official Use Only)
1883

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Jeremy Berniden	<i>[Signature]</i>	Street: 4 Corona Court City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Ofelia Garcia	<i>[Signature]</i>	Street: 4 corona court City: Madison WI Zip: 53719	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Sandra Gonzales	<i>[Signature]</i>	Street: 4 corona court City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Justin Endo	<i>[Signature]</i>	Street: 1 Corona Ct City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Sachiko Endo	<i>[Signature]</i>	Street: 1 corona ct City: Madison, WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Rosalinda Retana	<i>[Signature]</i>	Street: 2869 Cimarron Trl City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Pedro Retana	<i>[Signature]</i>	Street: 2869 Cimarron Trl City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Sandra Matthews	<i>[Signature]</i>	Street: 2073 Cimarron Trail City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Wesley Martin	<i>[Signature]</i>	Street: 18 Mesa Ct. #2 City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Laura Tetting	<i>[Signature]</i>	Street: 18 Mesa Ct #4 City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Beverly J Martin, (certify): I reside at 18 Mesa Ct #1 City of Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Beverly Martin
(Signature of Circulator)

Page No. (Official Use Only)

1884



SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Gillian Nevers	<i>Gillian Nevers</i>	Street: 2022 Jefferson City: Madison Zip: 53711	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Shawn Schey	<i>Shawn Schey</i>	Street: 878 Woodrow City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Joaquin Fields	<i>Joaquin Fields</i>	Street: 2121 Madison St City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Brenda Woodford	<i>Brenda Woodford</i>	Street: 3810 Odana Rd City: Madison Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Jennifer Oppenent	<i>Jennifer Oppenent</i>	Street: 443 S. Main St City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
6. Leigh Ann Seibert	<i>Leigh Ann Seibert</i>	Street: 5825 Perimmon Dr. City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Michael Feldman	<i>Michael Feldman</i>	Street: 1910 Van Buren St. City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Molly Kelley	<i>Molly Kelley</i>	Street: 1933 Monroe St City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Flannery Pendergast	<i>Flannery Pendergast</i>	Street: 48 Goldenrod Ln #5 City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Karen F. Tardrew	<i>Karen F. Tardrew</i>	Street: 850 Woodrow St City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Daniel Nevers, (certify): I reside at 2022 Jefferson St Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)
1885



SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Jim Schrader	<i>Jim Schrader</i>	Street: 109 Shepard Terrace City: Madison Zip: Wis.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: SN Phone: (6)
2. David J. Hildner	<i>David J. Hildner</i>	Street: 1620 Monroe St., #F City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: (6) Phone: (6)
3. Lisa Schroeder-Omar	<i>Lisa Schroeder-Omar</i>	Street: 4209 Rolla Ln City: Madison Zip: 53711 WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: 1sch Phone: (6)
4. JOAN HIRSCH	<i>Joan Hirsch</i>	Street: 2714 Warner St City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: (6) Phone: (6)
5. JONATHAN J. BOHMAN	<i>Jonathan J. Bohman</i>	Street: 10 PELHAM CT. City: MADISON Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)	Email: J. Phone: (6)
6. Melanie M. Sax	<i>Melanie M. Sax</i>	Street: 602 Stockton Ct. City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: W Phone: (6)
7. Caleah Herm	<i>Caleah Herm</i>	Street: 1600 Monroe St #C City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: Cal Phone: (6)
8. Janet O'Neill	<i>Janet O'Neill</i>	Street: 2210 Fox Ave City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: Ja Phone: (6)
9. Harlan H. Kuehling	<i>Harlan H. Kuehling</i>	Street: 2210 Fox Ave City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: Har Phone: (6)
10. Robert Esser	<i>Robert Esser</i>	Street: 1814 Keyes Ave City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: (6) Phone: (6)

Certification of Circulator

I, FRANKLYNN PETERSON

(Name of Circulator)

(certify): I reside at 3006 GREGORY STREET

(Circulator's Residence - Street name and Number)

MADISON WI

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

November 15 2011
(Month) (Day) (Year)

Franklyn Peterson
(Signature of Circulator)

Page No. (Official Use Only)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. DAVID TENENBAUM	<i>David Tenenbaum</i>	Street: 5741 BITTERSWEET PL City: MADISON Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)	Email Phone
2. PAULA VOLPIANSKY	<i>Paula Volpiansky</i>	Street: 5213 CONEY WESTON PL City: MADISON WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)	Email Phone
3. Franklyn Peterson	<i>Franklyn Peterson</i>	Street: 3006 GREGORY ST City: MADISON WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)	Email Phone
4. Judi K-Turkel	<i>Judi K-Turkel</i>	Street: 3006 GREGORY ST City: MADISON WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
5. Rachel Jacques Holloway	<i>Rachel Jacques Holloway</i>	Street: 930 S. Brook St. Apt. 3 City: Madison WI Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
6. Jacob Blasczyk	<i>Jacob Blasczyk</i>	Street: 2106 Keyes AV City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
7. Kathleen Beckett	<i>Kathleen Beckett</i>	Street: 2533 Gregory ST City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
8. Martha Kaplan	<i>Martha Kaplan</i>	Street: 1410 Seminole Hwy City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
9. Sarah Jamison	<i>Sarah Jamison</i>	Street: 96 Kessel CT. #33 City: MADISON, Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 (Month) (Day) (Year)	Email Phone
10. ROBERT H. STOCKTON	<i>Robert H. Stockton</i>	Street: 4506 HERRICK LAKE City: MADISON Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, Franklyn Peterson, (certify): I reside at 3006 GREGORY STREET MADISON
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

November 15, 2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

1887



SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Kenneth T. Golden		Street: 2904 Gregory St City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. James Youngerman		Street: 2445 Fox Ave City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Craig Wehrle		Street: 4329 Falcon Pl City: MADISON Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
4. LAWRENCE J. LARRY WHITE		Street: 729 Huron Hill City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Virginia D. White		Street: 729 Huron Hill City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Denise BERGE		Street: 4229 Doncaster Dr. City: MADISON WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. David Berge		Street: 4229 Doncaster Dr. City: Madison, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Debra Schrader		Street: 2 Sturbridge Circle City: Madison WI Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Aleksandr Kladnitsky		Street: 1932 University Ave Apt. 304 City: Madison Zip: 53726	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Marni Ginsberg		Street: 1932 University Ave. Apt. 304 City: Madison Zip: 53726	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, FRANKLYNN PETERSON, (certify): I reside at 3606 GREGORY STREET MADISON WI
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

November 15 2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)
1888

SCOTT WALKER RECALL PETITION

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Eugene Gilbert	<i>Eugene Gilbert</i>	Street: 51 Malibu Dr City: Madison WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
2. Lynn Gerber	<i>Lynn Gerber</i>	Street: 1114 Moorland #207 City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison HP	11/16/2011 (Month) (Day) (Year)
3. Betty J. Seely	<i>Betty J. Seely</i>	Street: 62 Rustic Pkwy City: Madison WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison HP	11/16/2011 (Month) (Day) (Year)
4. Willie Joe Wiedel	<i>Willie Joe Wiedel</i>	Street: 40 Rustic City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison HP	11/16/2011 (Month) (Day) (Year)
5. Cindy Church	<i>Cindy Church</i>	Street: 34 Rustic Pkwy City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison HP	11/16/2011 (Month) (Day) (Year)
6. Frank Tomaszewski	<i>Frank Tomaszewski</i>	Street: 76 Rustic Pkwy City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison HP	11/16/2011 (Month) (Day) (Year)
7. Karen Tomaszewski	<i>Karen Tomaszewski</i>	Street: 76 Rustic Pkwy City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison HP	11/16/2011 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Henry Pullett Jr., (certify): I reside at 9 Harvest Cir. Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Henry Pullett Jr.
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Henry Billett	Henry Billett	Street: 9 Harvest Cir. City: Madison Zip: 53713	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
2. Patrick Duracher	Patrick Duracher	Street: 14 Harvest Cir City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
3. Kay & Jero	Kaye Jero	Street: 32 Rustic Pkwy. City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
4. Paul Clompitt	Paul Clompitt	Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
5. Paul Clompitt	Paul Clompitt	Street: 7 Harvest Circle City: Madison WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
6. Robert Hewitt	Robert Hewitt	Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
7. Robert Hewitt	Robert Hewitt	Street: 12 Harvest Circle City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
8. Betty Fenne	Betty Fenne	Street: 12 Harvest Circle City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/14/2011 (Month) (Day) (Year)
9. Nancy J. Trotter	Nancy J. Trotter	Street: 66 Hollywood Dr. City: Madison WI Zip: 53725-9966	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
10. Andy A. Ullrich	Andy A. Ullrich	Street: 70 Mainwood Dr City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, Henry Billett, (certify): I reside at 9 Harvest Cir Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

189C



SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. JEFFREY JERRON		Street: 860 WOODROW City: MADISON Zip: WI 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
2. Adam Chaffee		Street: 866 Woodrow St. City: Madison WI. Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Andrea Chaffee		Street: 866 Woodrow St City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Steve Tardrew		Street: 850 Woodrow St. City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Frances Wesley		Street: 833 Terry Place City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. ERIC SEVERSON		Street: 841 TERRY PL City: MADISON Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
7. Rosalie C. Breitenbach		Street: 853 Terry PL City: MADISON Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Seth Meisel		Street: 861 Terry City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. MICHAEL BRUCE KING		Street: 873 TERRY PL City: MADISON WI Zip: 53700	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Karen Elizabeth Pennema		Street: 873 Terry Pl City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Chris Carlson-Dakes, (certify): I reside at 840 WOODROW St Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Signature of Circulator)

Page No. (Official Use Only)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Pam Guilbault	Pam Guilbault	Street: 877 Terry Place City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Beth Kienbaum	Beth Kienbaum	Street: 858 Terry Pl City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. DENNIS KIENBAUM	Dennis Kienbaum	Street: 858 TERRY PL City: MADISON, Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
4. Peter Niewold	P. N. Niewold	Street: 850 Terry Place City: MADISON Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Janet Niewold	Janet Niewold	Street: 850 Terry Pl City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Mary V. H. Jones	Mary V. H. Jones	Street: 846 Terry Pl City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Omer R Jones	Omer R Jones	Street: 846 Terry place City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Sara Jurgella	Sara Jurgella	Street: 821 Terry Place City: Madison, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. KARL N. KNANE	Karl N. Knane	Street: 833 TERRY PLACE City: MADISON WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
10. William C. Rattunde	Wm. C. Rattunde	Street: 838 WOODROW ST. City: MADISON Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Chris Carlson-DaHes, (certify): I reside at

(Name of Circulator)

840 WOODROW ST.
(Circulator's Residence - Street name and Number)

MADISON
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Chris Carlson-DaHes
(Signature of Circulator)

Page No. (Official Use Only)
1892



SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. CHRIS CARLSON-DAKES	<i>Chris Carlson</i>	Street: 840 WOODROW ST. City: MADISON Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Kirstin Carlson-Dakes	<i>Kirstin Carlson</i>	Street: 340 Woodrow St. City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. JULIE WEIS	<i>Julie Weis</i>	Street: 1853 HELENA ST City: MADISON, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Daniel Pawluk	<i>Dan Pawluk</i>	Street: 808 Johnson St. City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Maria Rattunde	<i>Maria Rattunde</i>	Street: 838 Woodrow St. City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Tim Burke	<i>Tim Burke</i>	Street: 1005 Grant St #3 City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Greg Gilles	<i>Greg Gilles</i>	Street: 830 Woodrow St. City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Joe Nosek	<i>Joe Nosek</i>	Street: 836 Woodrow St. City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Crystal Rogers	<i>Crystal Rogers</i>	Street: 844 WOODROW ST. City: MADISON WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Yael Cen	<i>Yael Cen</i>	Street: 860 WOODROW ST City: MADISON WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)

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I, CHRIS CARLSON-DAKES, (certify): I reside at: 840 WOODROW ST. MADISON
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(11/16/2011)
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Michael Correll	<i>[Signature]</i>	Street: 8511 Greenway Blvd Apt #107 City: Middleton Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/15/2011 (Month) (Day) (Year)
2. Lane Ship	<i>[Signature]</i>	Street: 318 Island Dr. Apt #A City: Madison WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. erin leary	<i>[Signature]</i>	Street: 411 W. Wilson St. #B City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. P & Y Madden	<i>[Signature]</i>	Street: 1360 Regent St City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Lawrence Kohn	<i>[Signature]</i>	Street: 5213 Fairway Drive City: MADISON Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
6. Jessica Usem	<i>[Signature]</i>	Street: 1114 Langdon St City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Cecilia E Ford	<i>[Signature]</i>	Street: 618 Chapman St City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Elisabeth L. Miller	<i>[Signature]</i>	Street: 214 N. Blount St. City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Courtney Lasseter	<i>[Signature]</i>	Street: 2129 Fox Ave City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Gregory S. Galicia	<i>[Signature]</i>	Street: 430 Cantwell Ct. (C) City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Barth Schachter, (certify): I reside at 430 Cantwell Ct C Madison (city)
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)

1894

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Rebecca Vonesh	Rebecca Vonesh	Street: 1340 Mand Street City: Madison WI Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Andrew Rice	Andrew Rice	Street: 1621 Madison St. City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. JULIA KECK	JULIA KECK	Street: 1626 MADISON City: MADISON Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
4. IAN DOBSON	IAN DOBSON	Street: 1633 MADISON ST City: MADISON Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
5. Cynthia Dobson	Cynthia Dobson	Street: 1633 Madison St City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Josh Bergot	Josh Bergot	Street: 1633 Madison St. City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Sedye Homtz	Sedye Homtz	Street: 1635 Madison St City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Patrick Fry	Patrick Fry	Street: 1632 Madison St #1 City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Robert Ostergren	Robert Ostergren	Street: 906 Garfield St City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Carol Ostergren	Carol Ostergren	Street: 906 Garfield St. City: Madison, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Eugenia R Oaden, (certify): I reside at 1615 Madison St Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Eugenia R Oaden
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

o the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott /alker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	Email
Print: <u>SUSAN SCHROEDER</u> Sign: <u>Susan Schroeder</u>	Street: <u>5325 Brody Dr Apt 104</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Phone: <u>jan</u> (608) <u>608-1234</u>
Print: <u>Kelly Ocasio</u> Sign: <u>Kelly Ocasio</u>	Street: <u>5325 Brody Dr #101</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Phone: <u>Kn</u> (210) <u>210-1234</u>
Print: <u>Brian Sanfrick</u> Sign: <u>Brian Sanfrick</u>	Street: <u>5325 Brody Dr APT 104</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Phone: <u>(</u>
Print: <u>Margaret Schroeder</u> Sign: <u>Margaret Schroeder</u>	Street: <u>7695 Lone Pine Road</u> City: <u>Barneveld</u> Zip: <u>53507</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Brigham</u> (Municipality Name)	<u>11/14/2011</u> (Month) (Day) (Year)	Phone: <u>pegg</u> (608) <u>608-1234</u>
Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Phone: <u>(</u>

Certification of Circulator

SUSAN SCHROEDER, (certify): I reside at 5325 BRODY DR Apt 104
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

CITY OF MADISON
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this call petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/16/2011
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Susan Schroeder
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. BARBARA BOWERS	<i>Barbara Bowers</i>	Street: 5721 WILLIAMSBURG WAY City: MADISON, WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
2. Adrienne Walters	<i>Adrienne Walters</i>	Street: 573 King James Ct City: Fitchburg Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/16/2011 (Month) (Day) (Year)
3. Dianne Hanson	<i>Dianne Hanson</i>	Street: 3721 Country Grove Dr. City: Madison, WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
4. MEREDITH HAUFLE	<i>Meredith Haufle</i>	Street: 5936 Forest Ln City: Madison, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
5. CLEMENT J. LA MERIE	<i>Clement J. La Merie</i>	Street: 1979 221 MADHATTAN DR City: VERONA Zip: 53593	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Verona	11/16/2011 (Month) (Day) (Year)
6. WATSON SHIPP	<i>Watson Shipp</i>	Street: 5163 King James City: Fitchburg Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/16/2011 (Month) (Day) (Year)
7. LAURA YSEN	<i>Laura Ysen</i>	Street: 1010 Pontiac City: Madison, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
8. Cheryl Mabra	<i>Cheryl Mabra</i>	Street: 4415 Sentinel Pass City: Fitchburg WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/16/2011 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, THEODORE K LINDAQUIST

(Name of Circulator)

(certify): I reside at 4530 AZTEC TRAIL

(Circulator's Residence - Street name and Number)

CITY OF FITCHBURG

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

1897

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. DAVID L. MARATHS	<i>David L. Maraths</i>	Street: 331 Nth 5th St City: Mt. Horeb Zip: 53524	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Horeb	11/16/2011 (Month) (Day) (Year)
2. Rebekah Leon	<i>Rebekah Leon</i>	Street: 4911 Hammersley Rd. City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
3. Barbara Takkunen	<i>Barbara Takkunen</i>	Street: 2769 Ledyard St City: Fitchburg Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/16/2011 (Month) (Day) (Year)
4. Dana Zaemisch	<i>Dana Zaemisch</i>	Street: 5805 Raymond Rd #C City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
5. Robert A. Herbsteb	<i>Robert A. Herbsteb</i>	Street: 13 Hoff Ct City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
6. Barbara Herbsteb	<i>Barbara Herbsteb</i>	Street: 13 Hoff Ct City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
7. Jason Laroce	<i>Jason Laroce</i>	Street: 2043 Frazee Plce City: Madison Zip: 53713	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
8. Mary Walker	<i>Mary Walker</i>	Street: 153 Paoli St City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/16/2011 (Month) (Day) (Year)
9. LAWRENCE WALKER	<i>Lawrence Walker</i>	Street: 153 Paoli St City: VERONA WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/16/2011 (Month) (Day) (Year)
10. TIM KRANZ	<i>Tim Kranz</i>	Street: 1101 McKenna Blvd #B City: MADISON WI Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, THEODORE K LUNDQUIST, (certify): I reside at

4530 AZTEC TRAIL

CITY OF
FITCHBURG

(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Signature of Circulator)

Page No. (Official Use Only)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Luke Kouba	<i>Luke Kouba</i>	Street: 130 E. Richards Rd. Apt 7 City: Oregon Zip: 53575	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Oregon	11/16/2011 (Month) (Day) (Year)	Email: bar Phone: ()
2. Rhonda Seligman	<i>Rhonda Seligman</i>	Street: 112 Hillside Circle City: New Glarus WI Zip: 53574	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City New Glarus	11/16/2011 (Month) (Day) (Year)	Email: rhonda Phone: ()
3. Peter H. Alciton	<i>Peter H. Alciton</i>	Street: 112 Hillside Circle City: New Glarus WI Zip: 53574	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City New Glarus	11/16/2011 (Month) (Day) (Year)	Email: Phone: ()
4. Rose Jones	<i>Rose Jones</i>	Street: 2118 Red Arrow Rd. #19 City: Fitchburg WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/16/2011 (Month) (Day) (Year)	Email: Phone: ()
5. Kim Petersen	<i>Kim Petersen</i>	Street: W8211 State Rd 39 City: Blanchardville WI Zip: 53516	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City York	11/16/2011 (Month) (Day) (Year)	Email: Phone: ()
6. Cynthia S. Allbee Peterson	<i>Cynthia S. Allbee-Peterson</i>	Street: W8211 State Rd 39 City: Blanchardville, WI Zip: 53516	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City York	11/16/2011 (Month) (Day) (Year)	Email: Phone: ()
7. Stefanie Lawson	<i>Stefanie M. Lawson</i>	Street: 2506 Frontier Ln. City: Fitchburg WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/16/2011 (Month) (Day) (Year)	Email: Phone: ()
8. ROBIN JOHNSON	<i>Robin Johnson</i>	Street: 2506 Frontier Ln City: Fitchburg WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/16/2011 (Month) (Day) (Year)	Email: Phone: ()
9. Donald Nelson	<i>Donald Nelson</i>	Street: 1049 Enterprise Dr #210 City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/16/2011 (Month) (Day) (Year)	Email: Phone: ()
10. Darlene Smacks	<i>Darlene Smacks</i>	Street: 331 N. 5th St City: Mt Horeb WI Zip: 53572	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Horeb	11/16/2011 (Month) (Day) (Year)	Email: Phone: ()

Certification of Circulator

I, THEODORE K LINDQUIST, (certify): I reside at

(Name of Circulator)

4530 AZTEC TR
(Circulator's Residence - Street name and Number)

CITY OF FITCHBURG
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

THEODORE K LINDQUIST
(Signature of Circulator)

Page No. (Official Use Only)

1899



SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

Return by
Committee
PO Box 25
Madison, WI

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. <u>Patricia A Kroetz</u> Print: <u>Patricia A Kroetz</u> Sign: <u>Patricia A Kroetz</u>	Street: <u>610 Constitutional A</u> City: <u>DeForest</u> Zip: <u>53532</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Windsor</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone ()
2. <u>Holly Schumann</u> Print: <u>Holly Schumann</u> Sign: <u>Holly Schumann</u>	Street: <u>2305 Brewery Rd.</u> City: <u>Cross Plains</u> Zip: <u>53528</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Cross Plains</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone ()
3. <u>Maureen Hafner-Lazar</u> Print: <u>Maureen Hafner-Lazar</u> Sign: <u>Maureen Hafner-Lazar</u>	Street: <u>133 S. Beebe St</u> City: <u>Marshall</u> Zip: <u>53557</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Marshall</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone ()
4. <u>Dave Friedman</u> Print: <u>Dave Friedman</u> Sign: <u>Dave Friedman</u>	Street: <u>7106 Fortune Dr. #15</u> City: <u>Middleton</u> Zip: <u>53562</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Middleton</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone ()
5. <u>Karen Agee</u> Print: <u>Karen Agee</u> Sign: <u>Karen Agee</u>	Street: <u>6631 Columbus Dr</u> City: <u>Middleton</u> Zip: <u>53542</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Middleton</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, ELLEN E. WALFOORT (certify): I reside at 7106 FORTUNE DR #25
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

MIDDLETON
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)
Ellen E. Walfoort
(Signature of Circulator)

Page No. (Official Use Only)
1900

Circulators.
Please include your contact information.

Phone

(608)

Email

EEWALFO

Batch

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